

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument
State of Alaska

OCT 09 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130179</u>	
Name <u>John T. Ostoj</u>		ID# <u>4823</u>	Date <u>10/6/09</u>
A	Agency <u>AST</u>		Phone # _____
Instrument Location <u>Soldotna AST Post.</u>			
Alco S/N <u>X 124671</u>		Target Value <u>.082</u>	High Pressure <u>250</u>
B	Alco Test Value Average <u>.083</u>	<u>.081</u>	<u>10/12/09</u> Cur
	1 st Alco	2 nd Alco	
Signature <u>[Signature]</u>			
(OVER)			

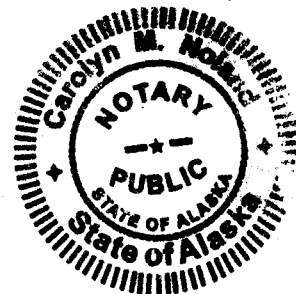
I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 22nd day of Oct, 2009.

[Signature]
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



VERIFICATION OF CALIBRATION REPORT

• of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130179 ✓

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C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130179

OCTOBER 06, 2009

OPERATOR'S NAME:

0807/2009

OPERATOR'S NUMBER: 4823

SUBJECT'S LAST NAME:

NO

SUBJECT'S FIRST NAME/MI :

TEST

O.V. #1 UOC

DEPT/AGENCY: SLD

DATE/REPORT: TEST

TEST TYPE: U

ALCOHOL TARGET VALUE: .081

ALCOHOL S/N: M124571

--- BREATH ANALYSIS ---

ALCOHOL S/N: M124571	.082	07:28
ALCOHOL S/N: M124571	.080	07:29
INTERNAL STANDARD	VERIFIED	07:29
ALCOHOL S/N: M124571	.083	07:29
ALCOHOL S/N: M124571	.080	07:30
SUBJECT'S SAMPLE	.080	07:31
SUBJECT'S SAMPLE	.080	07:31
SUBJECT'S SAMPLE	.084	07:32
SUBJECT'S SAMPLE	.080	07:33

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130179

OCTOBER 06, 2009

TIME 07:25

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/28/01
HEATERS:	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.45 in
F.O. DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
TESTING:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ_`abcdefghijklmnopqrstuvwxyz
0123456789:;<=>?@BCDEFG